

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3170AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/14/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>FELIS CARE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1042 FEATHERWOOD AVE HENDERSON, NV 89015</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 28380</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 12/14/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and two employee files were reviewed.</p> <p>The facility received a Re-survey grade of B.</p>	Y 000		
Y 276	<p>449.2175(7) Nutrition and Service of Food</p> <p>NAC 449.2175 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating</p>	Y 276		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 276	<p>Continued From page 1</p> <p>between meals.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28380 Based on observation, interview and record review on 12/14/09 and 12/17/09, the facility failed to provide nutritious meals and snacks between meals for 5 of 5 residents.</p> <p>On 12/14/09 a comparison of the "Regular Menu," submitted with the plan of correction for the survey completed on 6/12/09, with the posted menu at the facility revealed a different format than was approved with the plan of correction. The posted menu did not include either the breakfast or lunch, but only an evening meal.</p> <p>On the morning of 12/17/09 a comparison was made for the preceding eight meals at the facility. None of the eight meals agreed with the posted menu. Breakfast on 12/17/09 was to include sausage however none was served. Dinner on 12/16/09 was to be fried chicken, rice, corn and juice; however KFC snackers were served. Lunch on 12/16/09 was to be turkey wraps, chips, and fresh fruit; however grilled cheese and fritos were served. Breakfast on 12/16/09 was to include turkey sausage however no sausage was served. Dinner on 12/15/09 was to be baked chicken, baked potato, and green salad; however pepperoni pizza was served. Lunch on 12/15/09 was to be chili bowls and ice cream; however boloney sandwich with cheese curls was served. Breakfast on 12/15/09 was to include fresh fruit bowls however no fruit was served. Lastly, the dinner on 12/14/09 was to be meat burrito, rice and vegetables; however fast food fried chicken was served.</p>	Y 276			

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Y 276	<p>Continued From page 2</p> <p>Interviews with Resident's #1, #2, and #3 indicated a lack of fresh food, dairy products, and protein. The resident's stated that many of the evening meals were purchased at "fast food" restaurants and delivered to the facility after a delay of over an hour. Further stating that the food then delivered, would be cold. Resident #3 indicated, "We get bacon every few weeks." further stating that she was not receiving enough protein to heal from leg problems. She went on to inform this surveyor, "I would love a salad sometime." Resident #2 stated, "Lunch was the usual- a boloney sandwich with Cheetos." These residents agreed that water and occasionally juice is the beverage served with meals and milk was desired by the residents but not offered.</p> <p>On 12/14/09 Employee #1 was asked by this surveyor, "What is for dinner tonight?" The reply was that, "K F C" was for dinner. When asked why the posted menu reflected a completely different menu plan, Employee #1 stated that this was a substitute. This employee failed to to document the substitution prior to the meal. Further, on 12/17/09 the eight previous meals examined each had items substituted for the planned menu with no substitutions noted prior or post serving.</p> <p>Although there were no medically prescribed low sodium or low fat diet requirements for any of the five residents, a diet that includes three or four evening meals a week from fast food restaurants is not conducive to the optimum health of elderly residents. Resident #2 is diabetic and she is able to manage her blood sugar level with daily assistance from Unique Home Health Care, however no low sugar menu is provided for the resident.</p>	Y 276			

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Y 276	<p>Continued From page 3</p> <p>Snacks are provided upon request according to Employee #1, but no fresh fruit or other wholesome snacks are provided for convenient snacking by the residents.</p> <p>This is a repeat violation from the 6/12/09 survey.</p> <p>Severity: 3      Scope: 3</p>	Y 276			

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